



City of Minneola
Planning Department
 800 N Highway 27, Minneola, FL 34715
 (352) 394 – 3598 x172

Minor Subdivision Application

This checklist is based on the relevant provisions of Chapter 126 -3 (b) [2] - of the Minneola, FL Code of Ordinances. The code is available online at www.municode.com. The requirements below are minimums that may be adjusted in the pre-application conference.

Applicant Name: _____

Applicant Address: _____

Phone: _____ Fax # and/or E-mail: _____

Rec'd	Submission Requirements
	(1) copy of the legal description or warranty deed
	(4) 24" x 36", plus (1) 11" x 17" copy of the proposed subdivision plat signed and sealed by a Florida licensed surveyor
	\$575.00 non-refundable fee
	(1) copy of a Title Opinion by a Florida licensed attorney including, but not limited to, the requirements of Chapter 177.041 FS
	(1) copy of the signed and notarized Owner's Authorization form
	(1) CD containing all applications and documents in PDF format

Please note:

- All lots must meet the minimum site requirements for the applicable zoning district
- All lots must connect to the City potable water and wastewater systems
- Flag lots are prohibited
- No new streets, dedication of right-of-ways, stormwater facilities or conservation shall be proposed to make the project feasible
- R/W dedication shall be required if the adjacent roadway has substandard R/W
- The parent parcel cannot be the result of a previous lot split or minor subdivision
- The owner or agent shall be present at the City Council consideration of the project

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola
Minor Subdivision Application Cont.

Application Review Process

Development Review Committee (DRC)

- Not Required, but a staff analysis will be provided to the applicant and City Council

Planning and Zoning Commission (P&Z)

- Not Required

City Council

- The City Council shall consider whether to approve, deny, or approve the application with conditions based on the criteria listed below:
- There are no “substantial” negative impacts to the adjacent neighborhoods
- The resulting lots conform to the zoning requirements and applicable state laws
- The resulting lots are buildable under current conditions
- There are no “substantial” adverse impacts on existing infrastructure
- There are no “substantial” adverse impacts to the density or intensity of the adjacent parcels
- The proposed project will NOT decrease the established level-of-service standards to unacceptable levels

CERTIFICATION

I, the undersigned, do hereby certify that I have read this Checklist and understand the requirements described therein. I further understand that only application packages that have been determined complete by the Department prior to the City Council agenda deadline will be scheduled for processing.

Owner or Authorized Applicant Signature

Date

Transmit to:

City of Minneola
Planning Department
800 N Highway 27
Minneola, FL 34715
(352) 394 – 3598 x172

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola
Minor Subdivision Application Cont.

(Creation of a minimum of 3 lots and maximum of 5 lots)

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____ Fax # and/or E-mail: _____

Applicant Is: Owner: Agent: Purchaser: Lessee: (check one)

General Location and/or Street Address: _____

Alternate Key Number: _____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____ Fax # and/or E-mail: _____

Subject Site Area (acres or sq. ft.): _____ Zoning Category: _____

Present Use: _____

Proposed Use: _____

Source of Potable Water: _____

Wastewater Disposal Method: _____

Has any previous application been filed within the last two years in connection with the subject parcel?
If Yes, briefly describe the nature of this request, including the approximate date of the request.

Person to be contacted regarding questions about this application (e.g. engineer, architect, attorney, etc.):

Contact Name: _____

Contact Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

City of Minneola
Minor Subdivision Application Cont.

Certification

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, AND the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice or further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

Applicant Signature

Date

Office Use:

Applicant Name: _____

Application For: _____

Amount: \$575.00 Check: _____

Amount: _____ Check: _____

Rec'd by: _____ Date: _____ Receipt #: _____

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola
Minor Subdivision Application Cont.

Owner's Authorization
(required if the property owner is not the applicant)

STATE OF FLORIDA
COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____

who is being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcels in this application.
2. That he/she desires to apply for a minor subdivision on land generally located at:

3. That he/she has appointed _____
to act as agent in his/her behalf to accomplish the above.

Owner's Signature

This is to certify that on _____, 20__ before me,
an officer duly authorized to take acknowledgements in the State and County aforesaid, personally
appeared _____ he/she is personally know to me or has
produced _____ as identification and did (did not) take an oath.

SEAL

Signature of Acknowledger

Acknowledger Name

Serial Number

My Commission Expires